Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	08/25/2010	Address:	17 <u>04 Central Ave</u>
Case #:	<u>51F1</u> 778 <u>0</u>		Anderson TN
County:	<u>Madison</u>		
Operati	aboratory Scizure (check one) onal Lab eal/Glassware/Equipment (only) ite (only)	Seizure Location (c Residence Outbuilding Vehicle	theck all that apply) Hotel/Motel Open – No Structure Other:
(check all the Lithium Red Phe Red Phe Flamm) Flamm Water I Anhydrod Hydrod Corrosi Corrosi	nd: Location (bedroom, kitchen, open at last apply) n/Ammonia Reaction(s): Garage osphorous/Iodine Reaction(s): able Solvents: Garage Reactive Metal (Lithium): rous Ammonia: chloric Acid Gas Generator(s): ave Acid: Garage ave Base: Garage item and location):		
Child under age 18 discovered (check one) Investigative Information ☐ Yes (number present) ☐ Retail/Merchant Tip ☑ No ☐ Retail/Merchant Tip *If yes, fax report to Child Protestive Services ☑ Other: MCDTF This report is to be faxed to the following agencies that serve the location: Fire Department: Anderson FD Fax: 765-648-6600 Health Department: Madison Co Fax: 765-646-9203 Child Protection Service: Madsion CO Fax:			
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Aaron Pfaff Phone 317-234-4591			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.